

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023536

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 2 1963

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cape Girardeau

Length of stay in lb

71 Yrs

c. CITY  
OR TOWN

Cape Girardeau

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Route # 2

Inside Limits  
Yes ☐ No ☒

d. STREET  
ADDRESS

Route # 2

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

George Frederick Schwab

4. DATE  
OF DEATH

June 25, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/30/91

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Cape Girardeau

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John F. Schwab

13b. MOTHER'S MAIDEN NAME

Mary Keller

14. NAME OF HUSBAND OR WIFE

Pauline (HELD) Schwab

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Pauline Schwab, Cape Girardeau

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Acute coronary attack

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Acute vomiting

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Deceased was found lying approx. 20' from farm  
tractor where he had been vomiting

20c. TIME OF  
Hour Month, Day, Year  
p.m. 6-25-63

Death 2:30

Patient had complained of chest pains & pains in left arm &  
upset stomach to wife prior to going back to work.

20d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Farm field

20f. CITY, TOWN, OR LOCATION

Route 2, Cape Girardeau County, Missouri

June 25, 1963

21. I, ~~XXXXXXXXXXXX~~

2:30 P

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Sheriff, Cape County

P.O. Box 128, Jackson, Mo.

22c. DATE SIGNED

6-26-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

June 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Lorimier Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

24. FUNERAL DIRECTOR

ADDRESS

C.J. Lorberg, Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

6-25-63

26. REGISTRAR'S SIGNATURE

James Kasten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1 0160

2 0160

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 9-3

13 10

JUL 10 1963

AUG 8 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*C. J. Lorberg*

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

This certificate taken to Doctor: 6/26/63  
This certificate received from Doctor: 6/26/63